



**STATE OF ARKANSAS
ARKANSAS DEPARTMENT OF LABOR
LABOR STANDARDS DIVISION**

**10421 WEST MARKHAM • LITTLE ROCK, AR 72205-2190
Phone: 501-682-4500 Fax: 501-682-4506 TRS: 800-285-1131**

COMPLAINT QUESTIONNAIRE

- A. Contact Information (applies to the employee only; if you are complaining on behalf of someone else, you must list their contact information).
1. Name:
 2. Date of Birth:
 3. Mailing Address:
 4. Phone Number:
 5. Message Number:
- B. Employment Information (applies to the employer you are complaining about).
1. Name, address, and phone number of business:
 2. Type of business (what do they do?):
 3. Does the employer have other businesses besides this one?:
 4. Who owns the business (if you know)?:
 5. Who is the manager?:
 6. Who do/did you report to?:
 7. What is/was your job title?:

8. What are/were your job duties?:
9. How many hours per week do/did you usually work?:
 - i. What is/was your normal work schedule during a calendar week?
 - ii. Do/Did you get lunch and/or breaks each day?
 - iii. If you do/did, are/were you paid for that time?

C. Pay Information

1. What is/was the normal payroll week?
2. How often do/did you get paid?
3. From the following list, select how your pay is/was calculated and explain, to the best of your ability, how this was done.

100% commission Explain.

Partial commission, and if so, what percentage? Explain.

Salary, and if so, how much is/was your salary? Explain.

Hourly, and if so, how much per hour do/did you make? Explain.

Tipped Employee, and if so, how much did/does your employer pay per hour? Explain how your tips are/were recorded and who kept up with them.

Other Explain.

4. How are/were you paid?

Cash, and if so, do/did you sign receipts?

Check, and if so is/was it a personal check or a payroll check?

If it is/was a payroll check, what is/was the business name listed on the check?

Were any deductions made besides the “normal” deductions for taxes and insurance?

5. Who keeps/kept up with your work time, and how is/was it recorded?
 6. If you work/worked more than forty hours in a week, do/did you get paid for the time over forty hours? If so, how much do/did you get paid?
 7. Do you have copies of pay stubs, time cards, schedules, or other similar information you can send to us? If so, please enclose them when you return this questionnaire.
- D. Your specific complaint
1. Please describe, in detail, what your complaint is. Please include in your description, the names of any other employees who are in the same situation. Also, tell us whether you have discussed the problem with your employer, and if so, what response you received. Attach additional pages, if necessary.